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FAX NUMBER	15712738300
FROM	Paralegal Department
DATE	2009-09-09 20:32:05 GMT
RE	Attn: Commissioner for Patents, RE: Docket No. P16723 - Revocation & Power of Attorney with Change of Address & Statement under 37 CFR 3.73(b) Submitted 09/09/2009

## COVER MESSAGE

Cover Message  
(KER)  
Docket No. P16723  
Serial No. 10/602,393

\*\*\*\*\*  
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PTO/SB/21 (09-08)

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Total Number of Pages in This Submission

2

Application Number	10/602,393
Filing Date	06-23-2003
First Named Inventor	Adrian P. Stephens
Art Unit	2419
Examiner Name	PARK, JUNG H
Attorney Docket Number	P16723

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Authorization to charge and/or credit the Deposit Account 50-0221 for any underpayments or overpayments. CUSTOMER NUMBER: 59796		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CUSTOMER NUMBER: 59796		
Signature	/John A. Harroun/		
Printed name	John A. Harroun		
Date	September 9, 2009	Reg. No.	46,339

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Signature	/Kyrstin Ryan/		
Typed or printed name	Kyrstin Ryan	Date	September 9, 2009

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